

FINANCIAL STATUS REPORT

Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Family Life Services		
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1660	5. Funding/Grant Period Start: 7/1/2015	End: 6/30/2016	6. Report Period Start: 7/1/2015
7. Submitted By Family Life Services		8. Date Report Submitted 10/15/2015	9. FSR # 838	10. Final Report No
11. Transactions:			I Previously Reported	II This Period
a. Total Obligated (Sum of lines b and c)			N/A	N/A
b. Payer Obligated (Award)			N/A	N/A
c. Recipient Obligated (Match)			N/A	N/A
Expenses:				
d. Total Payer Share of Expenses			\$0.00	\$7,583.00
• Benefits/Grant Expenditure			\$0.00	\$478.13
• Capital Equipment/Grant Expenditure			\$0.00	\$0.00
• Contract Personnel/Grant Expenditure			\$0.00	\$0.00
• Other/Grant Expenditure			\$0.00	\$0.00
• Salary/Grant Expenditure			\$0.00	\$6,450.00
• Supplies/Grant Expenditure			\$0.00	\$654.87
• Travel/Grant Expenditure			\$0.00	\$0.00
e. Total Recipient Share of Expenses			\$0.00	\$21,045.00
• Benefits/Local core support, funding match			\$0.00	\$0.00
• Benefits/Maintenance of Effort			\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Benefits/Revenue Expenditure			\$0.00	\$0.00
• Capital Equipment/Local core support, funding match			\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort			\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure			\$0.00	\$0.00
• Contract Personnel/Local core support, funding match			\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort			\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure			\$0.00	\$0.00
• Other/Local core support, funding match			\$0.00	\$2,995.00
• Other/Maintenance of Effort			\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Other/Revenue Expenditure			\$0.00	\$0.00
• Salary/Local core support, funding match			\$0.00	\$15,125.00
• Salary/Maintenance of Effort			\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Salary/Revenue Expenditure			\$0.00	\$0.00
• Supplies/Local core support, funding match			\$0.00	\$2,925.00
• Supplies/Maintenance of Effort			\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Supplies/Revenue Expenditure			\$0.00	\$0.00
• Travel/Local core support, funding match			\$0.00	\$0.00
• Travel/Maintenance of Effort			\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Travel/Revenue Expenditure			\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$84,179.00
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$22,748.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$61,431.00
Income:			
i. Total Income From Payer	\$0.00	\$0.00	\$0.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

FINANCIAL STATUS REPORT

Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Family Life Services		
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1660	5. Funding/Grant Period Start: 7/1/2015	End: 6/30/2016	6. Report Period Start: 10/1/2015
7. Submitted By Family Life Services		8. Date Report Submitted 1/11/2016	9. FSR # 1194	10. Final Report No
11. Transactions:			I Previously Reported	II This Period
a. Total Obligated (Sum of lines b and c)			N/A	N/A
b. Payer Obligated (Award)			N/A	N/A
c. Recipient Obligated (Match)			N/A	N/A
Expenses:				
d. Total Payer Share of Expenses			\$7,583.00	\$7,583.00
• Benefits/Grant Expenditure			\$478.13	\$478.13
• Capital Equipment/Grant Expenditure			\$0.00	\$0.00
• Contract Personnel/Grant Expenditure			\$0.00	\$400.00
• Other/Grant Expenditure			\$0.00	\$0.00
• Salary/Grant Expenditure			\$6,450.00	\$6,250.00
• Supplies/Grant Expenditure			\$654.87	\$454.87
• Travel/Grant Expenditure			\$0.00	\$0.00
e. Total Recipient Share of Expenses			\$21,045.00	\$20,909.00
• Benefits/Local core support, funding match			\$0.00	\$0.00
• Benefits/Maintenance of Effort			\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Benefits/Revenue Expenditure			\$0.00	\$0.00
• Capital Equipment/Local core support, funding match			\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort			\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure			\$0.00	\$0.00
• Contract Personnel/Local core support, funding match			\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort			\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution			\$0.00	\$319.00
• Contract Personnel/Revenue Expenditure			\$0.00	\$0.00
• Other/Local core support, funding match			\$2,995.00	\$2,850.00
• Other/Maintenance of Effort			\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Other/Revenue Expenditure			\$0.00	\$0.00
• Salary/Local core support, funding match			\$15,125.00	\$15,125.00
• Salary/Maintenance of Effort			\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Salary/Revenue Expenditure			\$0.00	\$0.00
• Supplies/Local core support, funding match			\$2,925.00	\$2,615.00
• Supplies/Maintenance of Effort			\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Supplies/Revenue Expenditure			\$0.00	\$0.00
• Travel/Local core support, funding match			\$0.00	\$0.00
• Travel/Maintenance of Effort			\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Travel/Revenue Expenditure			\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$55,687.00
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$15,165.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$40,522.00
Income:			
i. Total Income From Payer	\$15,165.00	\$0.00	\$15,165.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

FINANCIAL STATUS REPORT

Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Family Life Services		
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1660	5. Funding/Grant Period Start: 7/1/2015	End: 6/30/2016	6. Report Period Start: 1/1/2016
7. Submitted By Family Life Services		8. Date Report Submitted 4/7/2016	9. FSR # 2579	10. Final Report No
11. Transactions:			I Previously Reported	II This Period
a. Total Obligated (Sum of lines b and c)			N/A	\$112,807.00
b. Payer Obligated (Award)			N/A	\$30,331.00
c. Recipient Obligated (Match)			N/A	\$82,476.00
Expenses:				
d. Total Payer Share of Expenses			\$15,166.00	\$7,583.00
• Benefits/Grant Expenditure			\$956.26	\$478.13
• Capital Equipment/Grant Expenditure			\$0.00	\$0.00
• Contract Personnel/Grant Expenditure			\$400.00	\$200.00
• Other/Grant Expenditure			\$0.00	\$0.00
• Salary/Grant Expenditure			\$12,700.00	\$6,250.00
• Supplies/Grant Expenditure			\$1,109.74	\$654.87
• Travel/Grant Expenditure			\$0.00	\$0.00
e. Total Recipient Share of Expenses			\$41,954.00	\$9,904.00
• Benefits/Local core support, funding match			\$0.00	\$0.00
• Benefits/Maintenance of Effort			\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Benefits/Revenue Expenditure			\$0.00	\$0.00
• Capital Equipment/Local core support, funding match			\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort			\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure			\$0.00	\$0.00
• Contract Personnel/Local core support, funding match			\$0.00	\$2,995.00
• Contract Personnel/Maintenance of Effort			\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution			\$319.00	\$319.00
• Contract Personnel/Revenue Expenditure			\$0.00	\$0.00
• Other/Local core support, funding match			\$5,845.00	\$2,900.00
• Other/Maintenance of Effort			\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Other/Revenue Expenditure			\$0.00	\$0.00
• Salary/Local core support, funding match			\$30,250.00	\$1,469.00
• Salary/Maintenance of Effort			\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Salary/Revenue Expenditure			\$0.00	\$0.00
• Supplies/Local core support, funding match			\$5,540.00	\$2,540.00
• Supplies/Maintenance of Effort			\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Supplies/Revenue Expenditure			\$0.00	\$0.00
• Travel/Local core support, funding match			\$0.00	\$0.00
• Travel/Maintenance of Effort			\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution			\$0.00	\$0.00
• Travel/Revenue Expenditure			\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$38,200.00
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$7,582.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$30,618.00
Income:			
i. Total Income From Payer	\$15,165.00	\$0.00	\$15,165.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

FINANCIAL STATUS REPORT

Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Family Life Services		
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1660	5. Funding/Grant Period Start: 7/1/2015	End: 6/30/2016	6. Report Period Start: 4/1/2016
7. Submitted By Family Life Services		8. Date Report Submitted 7/14/2016	9. FSR # 3210	10. Final Report No
11. FSR Note				
12. Approved By Tim Durham		13. Approved Date 7/14/2016		
Transaction Type		Award	Match	Revenue
I. Total Obligated in Award Period		\$30,331.00	\$82,476.00	\$0.00
II. Expenditures Subtotal		\$7,582.00	\$31,504.13	\$0.00
1. Salary/Salary/Personnel-Direct		\$6,250.00	\$26,624.00	\$0.00
a. Charla Myrick, RN		\$6,050.00	\$0.00	\$0.00
b. Dawn Montgomery, RDMS, sono tech		\$0.00	\$1,400.00	\$0.00
c. Elliot Jackson, CPA		\$200.00	\$200.00	\$0.00
d. Tim Durham, M. Ed, Director		\$0.00	\$6,500.00	\$0.00
e. Volunteers @\$20 per hour		\$0.00	\$18,524.00	\$0.00
2. Benefits		\$0.00	\$478.13	\$0.00
a. FICA for Charla Myrick		\$0.00	\$478.13	\$0.00
3. Supplies		\$1,332.00	\$2,002.00	\$0.00
a. Baby Equipment		\$1,332.00	\$935.00	\$0.00
a. Baby equipment		\$0.00	\$0.00	\$0.00
c. Educational Material		\$0.00	\$600.00	\$0.00
d. Office Supplies		\$0.00	\$467.00	\$0.00
4. Other		\$0.00	\$2,400.00	\$0.00
a. Advertising		\$0.00	\$600.00	\$0.00
b. Building Insurance		\$0.00	\$450.00	\$0.00
c. Building Maintenance		\$0.00	\$0.00	\$0.00
d. Copier Rent		\$0.00	\$350.00	\$0.00
e. Electric		\$0.00	\$323.00	\$0.00
f. Gas		\$0.00	\$50.00	\$0.00
g. Phone/Internet		\$0.00	\$363.00	\$0.00
h. Postage		\$0.00	\$45.00	\$0.00
i. Water		\$0.00	\$219.00	\$0.00
III. Revenue Subtotal		\$0.00	\$0.00	\$0.00
IV. Total Expenditures in Award Period		\$30,331.00	\$83,362.13	\$0.00
V. Total Revenue in Award Period		\$0.00	\$0.00	\$0.00
VI. Remaining Balance		\$0.00	(\$886.13)	\$0.00